IMPROVING HEALTH
UNLOCKING POTENTIAL

SCI
Schistosomiasis
Control Initiative

WASH in the control and elimination of schistosomiasis in sub-Saharan Africa

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What is WASH?

Water

- Increasing access to water supply for drinking and other domestic purposes; improving drinking water quality (usually not “big” water (dams, reservoirs) or water for productive purposes)

Sanitation

- Access to and use of facilities and services for the safe disposal of human urine and faeces (but not other types of waste)
- Safe sanitation system: “a system designed and used to separate human excreta from human contact at all steps of the sanitation service chain (toilet capture and containment, emptying, transport, treatment and final disposal or end use” (WHO, 2018).
- **Toilet ≠ Sanitation!**

Hygiene

- Broadly: conditions and practices to maintain health and prevent disease
- The H within WASH tends to focus on maintaining personal cleanliness, and often narrowly on hand washing with soap.

The importance of WASH for NTDs

The BEST Framework:
A comprehensive approach towards Neglected Tropical Diseases

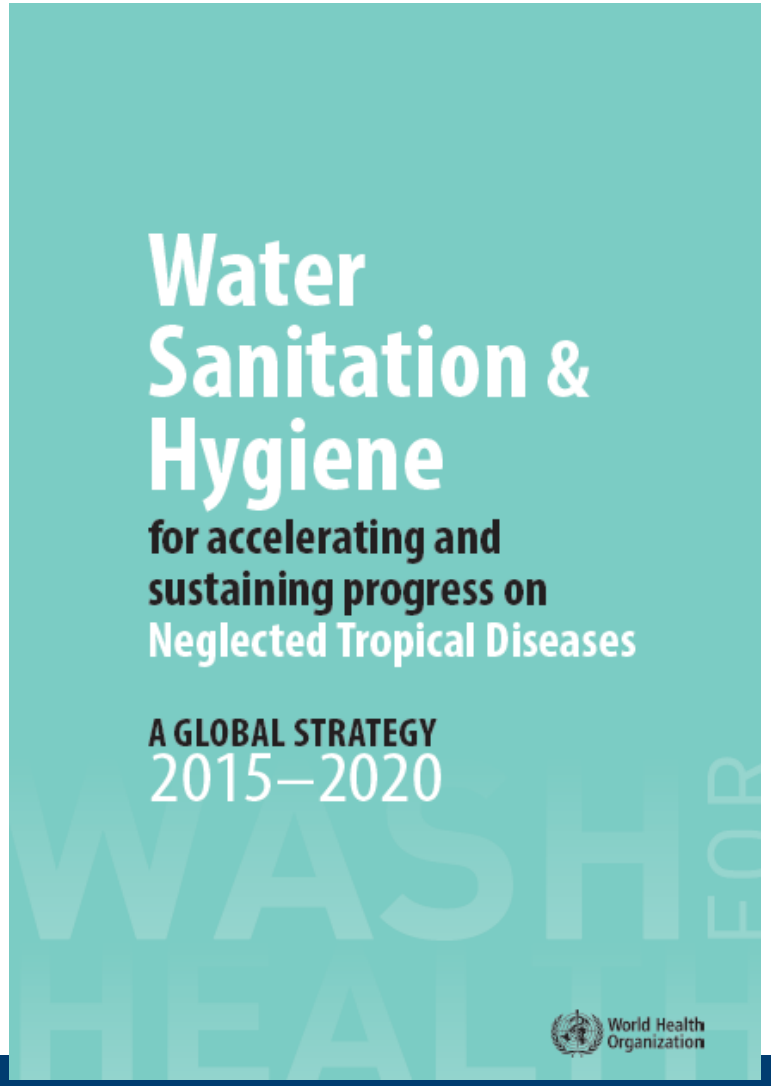
BEHAVIOUR

ENVIRONMENT

SOCIAL INCLUSION

TREATMENT & CARE

The response



VISION

Accelerated and sustained achievement of the NTD roadmap milestones, particularly among the poorest and most vulnerable, through better targeted and joint WASH and NTD efforts.

Improve awareness of the co-benefits of joint WASH and NTDs action by sharing experience and evidence from improved delivery.

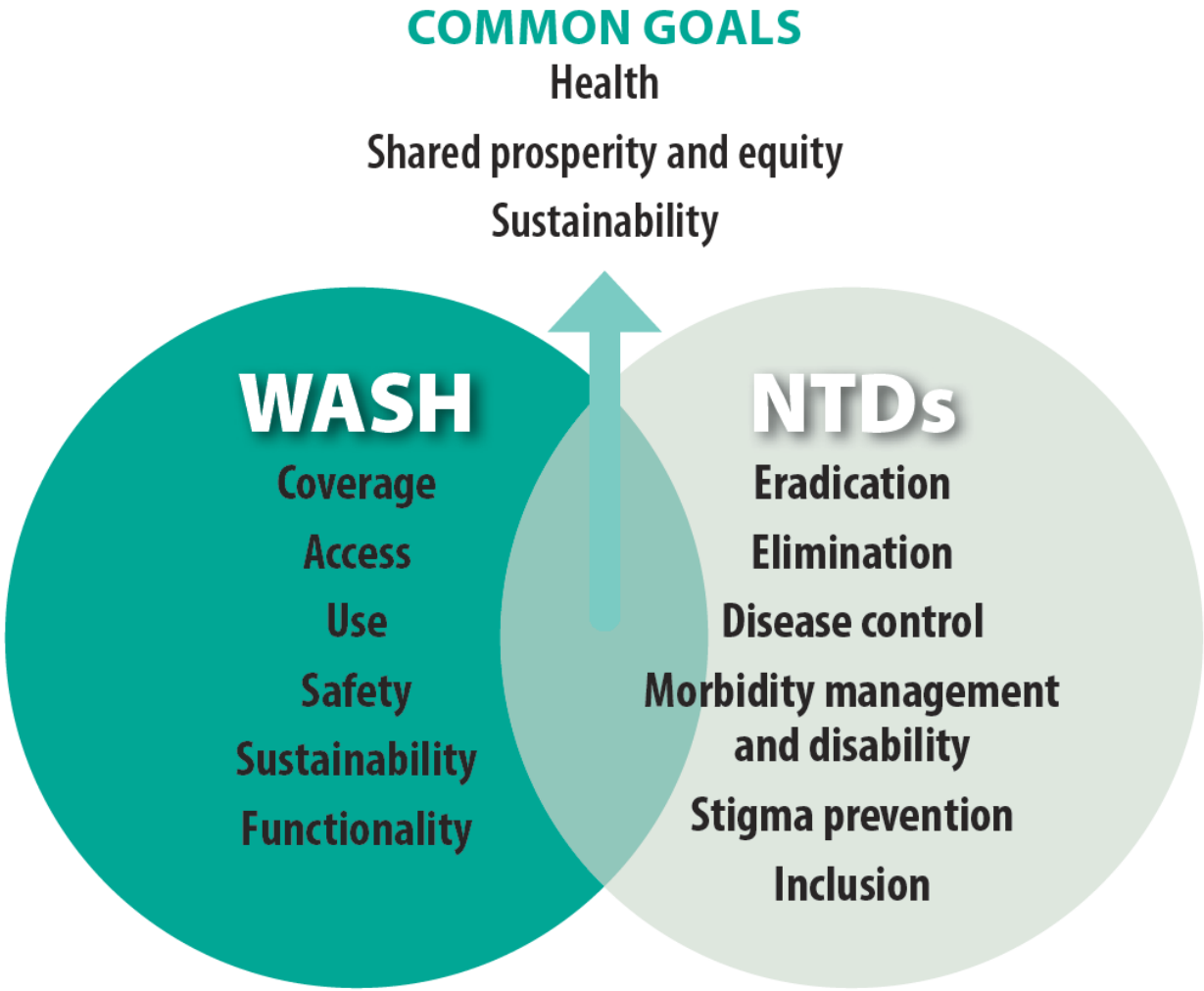
Use WASH and NTDs monitoring to highlight inequalities, target investment, and track progress.

Strengthen evidence on how to deliver effective WASH interventions for NTD control and elimination and embed findings in guidance and practice.

Plan, deliver and evaluate WASH and NTDs programmes with mutual inputs from WASH, health and NTDs stakeholders at all levels.

World Health Organization

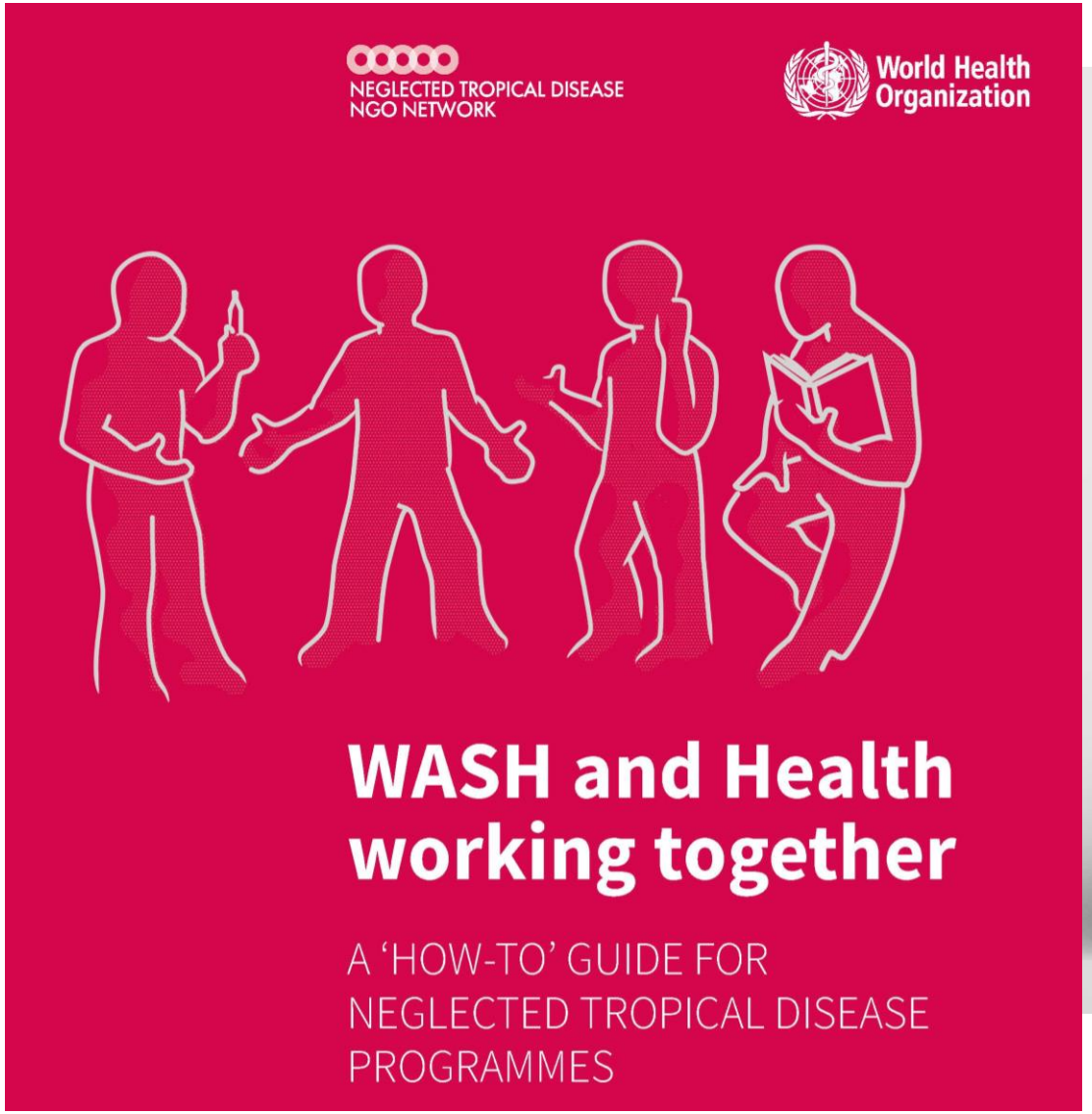
Common goals – necessary starting point for collaboration



The Response (2):
Growing momentum, communities of practice

- 2012: NNN, Sydney - initial discussions and joint publication; 1st international WASH and NTDs roundtable, Seattle followed by joint publication
- 2013: Brighton (WASH WG idea initiated); WASH and NTDs manual for WASH implementers
- 2014: 2nd roundtable, London; NNN, Paris – WASH WG established
- 2015: NNN, Abu Dhabi – momentum continued, WHO Global Strategy on WASH and NTDs launched, BEST announced
- 2016: NNN, BEST framework launched
- 2017: NTDs summit – WASH and NTDs case study synthesis and indicators paper; NNN, Dakar – WASH and NTDs toolkit outlined
- 2018: 3rd Roundtable, Addis Ababa
- 2019: Launch of print and interactive WASH and NTDs toolkit

From rhetoric to practice



Outline

I.
- *Purpose*
- *How to use*
- *Contents*

II. Context – WASH and the BEST Framework for NTDs

1 Setting the program vision

2 Building Partnership

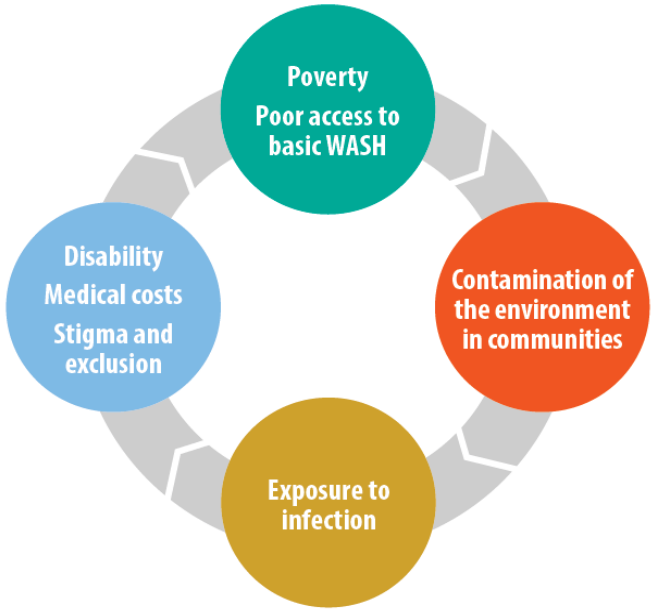
3 Analysing the situation

4 Planning & Programme design

5 Implementing & monitoring

Context

- Justification & policy background
- The BEST Framework for NTDs
- WASH in **B**ehaviour
- WASH in **E**nvironment
- WASH in **S**ocial inclusion
- WASH in **T**reatment & care



Tools:

- *Interventions for NTD control and care*
- *NTD-related behaviours*
- *Guide on understanding behaviours for developing behaviour change interventions*

Interventions for NTD control and care

Disease ▸Type ▸Transmission	Behaviour	Environment	Social inclusion	Treatment and care
Buruli ulcer ▸Bacterial ▸Environmental (undertermined)			▸Addressing stigma due to disfigurement, disability and cultural beliefs regarding causes (e.g. witchcraft, curses) ▸Inclusive WASH services for people with disabilities	▸Hygienic wound management ▸Promotion of early diagnosis & treatment ▸Antibiotic treatment ▸Surgery ▸Physiotherapy and rehabilitation ▸WASH for hygiene and infection prevention and control in healthcare facilities
Chagas disease ▸Parasitic ▸Triatomine ('kissing') bug	▸Food hygiene (washing hands, surfaces, utensils and raw food products with clean water and soap; thorough cooking/ reheating; safe food storage) ▸Bed net use	▸Use of improved housing materials such as solid flooring and walls, and inorganic roofing materials ▸Insecticide residual spraying		▸Chemotherapy ▸Medical screening ▸WASH for hygiene and infection prevention and control in healthcare facilities
Chromoblastomycosis ▸Fungal ▸Environmental (soil, plants, flowers, wood)	▸Use of personal protective equipment in occupation groups prone to exposure (farmers, labourers etc) ▸Regular bathing with clean water and soap ▸Improved nutrition	▸Increased access to improved water supplies for hygiene	▸Addressing stigma due to disfigurement	▸Early detection and surgical resection ▸Cryotherapy (liquid nitrogen) ▸Heat therapy ▸Laser therapy ▸Oral antifungal medication (not very effective) ▸Topical (Imiquimod cream)

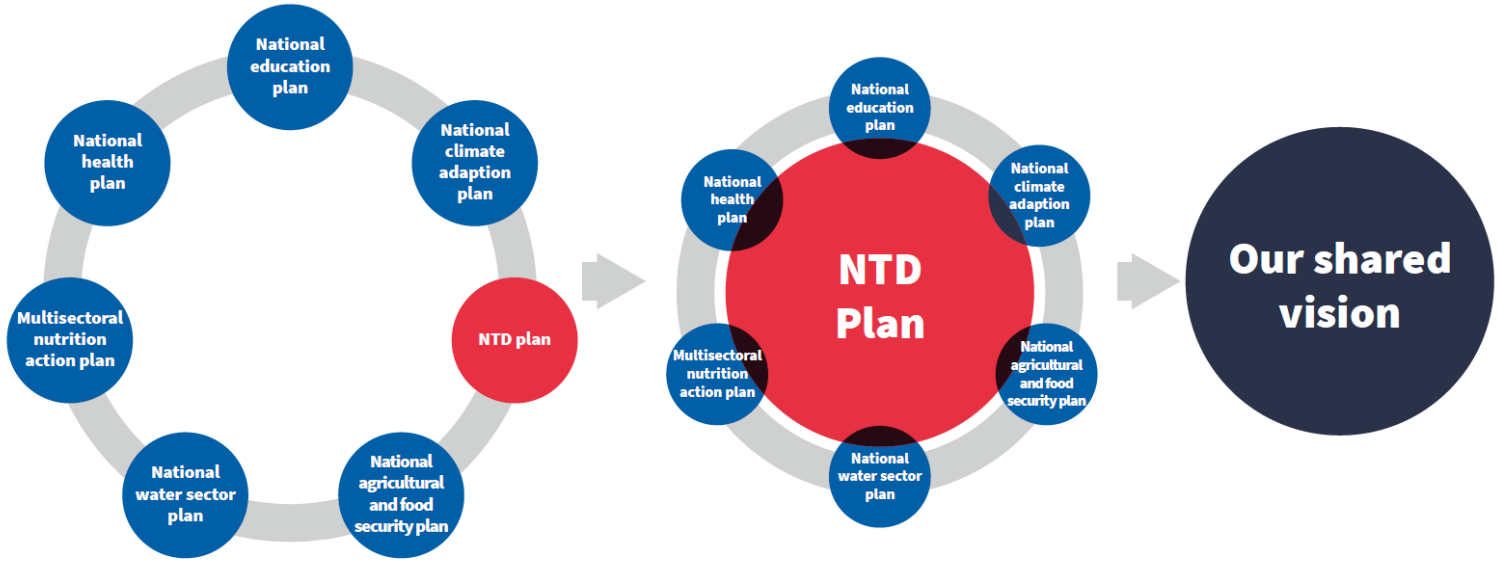
NTD-related behaviours

	Practice	Purpose	Disease
SANITATION	Always use a toilet for urination and defecation (avoid open defecation)	Prevent urine and faeces from contaminating soil Prevent diseases Keep flies away from faeces	Cysticercosis, Foodborne trematodes, Schistosomiasis, Soil transmitted helminthiasis (STH), Trachoma, Yaws,
	Always dispose of faeces (human or animal) in a toilet	Prevent faeces from contaminating soil Break cycle of spreading diseases Keep flies away from faeces	Cysticercosis, STH, Trachoma
	Never urinate in an open water source such as a pond, river or dam	Prevent schistosomiasis eggs from getting back into water sources	Schistosomiasis
	Keep the compound clear of human feces.	To prevent disease To keep flies away from the immediate living environment	Cysticercosis, Dengue, Schistosomiasis, STH, Trachoma, Yaws
	Keep compound clear of animal faeces	To prevent disease To keep flies away from the	Cysticercosis, Dengue, Echinococcosis, Schistosomiasis, STH, Trachoma
	Keep toilets, drains and septic ta covered		
HYGIENE	**Personal hygiene**		
	Wash hands at critical times	To prevent disease transmission	Echinococcosis, Schistosomiasis, STH, Trachoma
	Wash hands after contact with animals	To prevent hand to mouth ingestion of parasite eggs	Echinococcosis
	Wash face when dirty	To remove secretions from face To keep flies away from face	Trachoma
	Bathe regularly using clean water and soap (and not in open water sources/ surface water)	Prevent skin/fungal infections	Chromoblastomicosis, Yaws
	Wash regularly cloths, towels and bedding (not in open water sources/surface water)	To prevent transmission through fomites	Trachoma
	Food hygiene		
	Do not serve children food directly on the ground	To prevent disease transmission	STH
	Maintain hygienic food preparation through washing hands, surfaces, utensils and raw food products with clean water and soap	To prevent pathogen contamination of food	Chagas, Echinococcosis, Foodborne trematodes

1

Setting the programme vision

- Getting started
- Setting the programme visior
- Identifying initial barriers and challenges to collaboration



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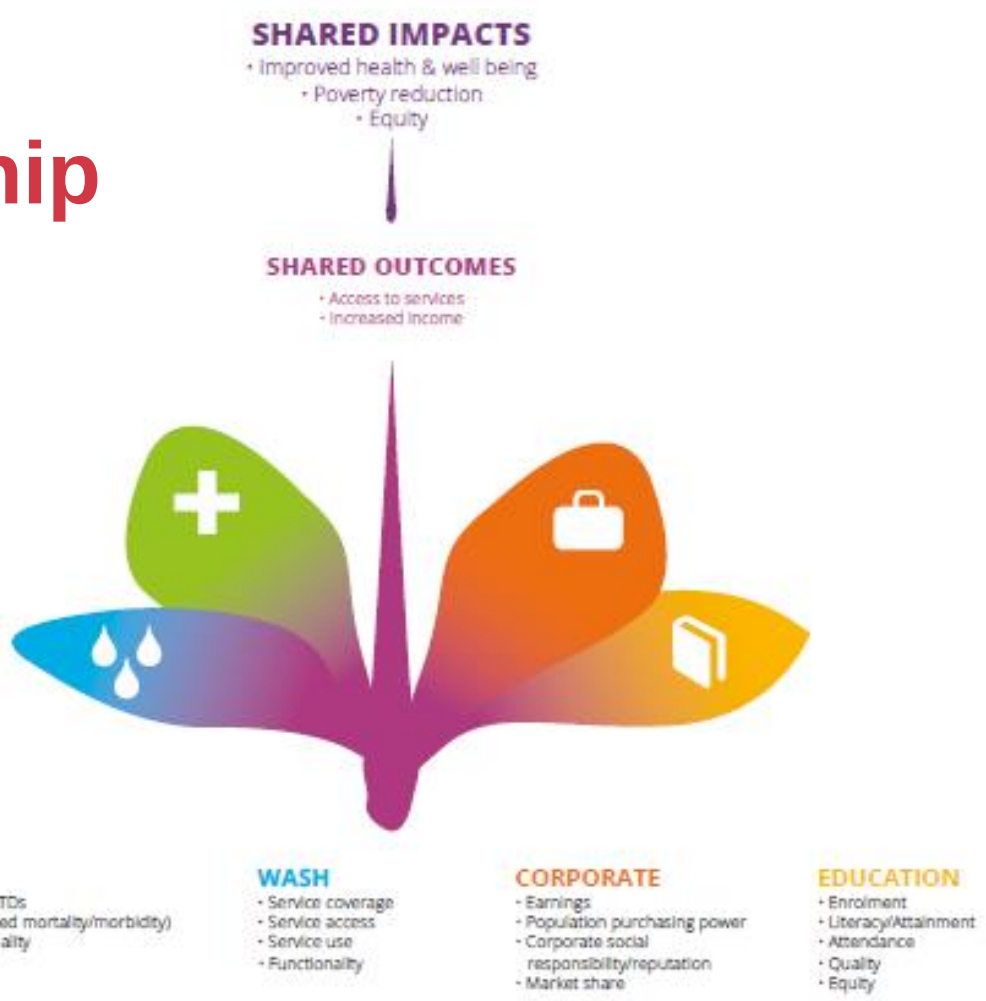
Building partnership

- Why collaborate?
- How to collaborate?
- Where to start?
- Quick ‘wins’



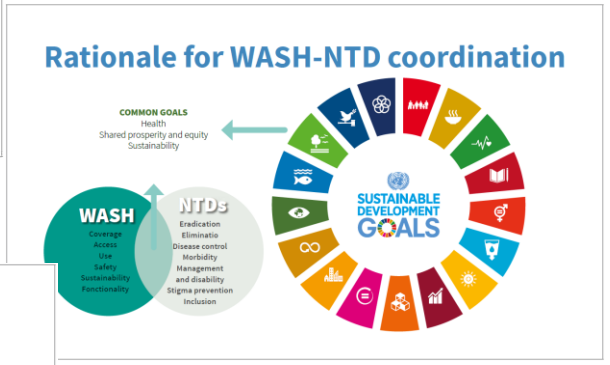
Tools:

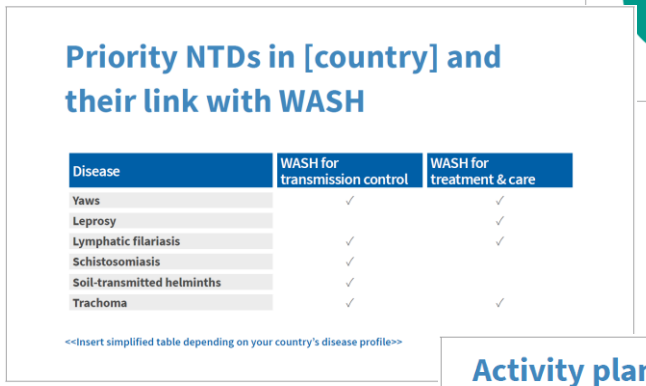
- *Messages for engagement (advocacy messages)*
- *Cross sector meeting annotated agenda and PowerPoint template*

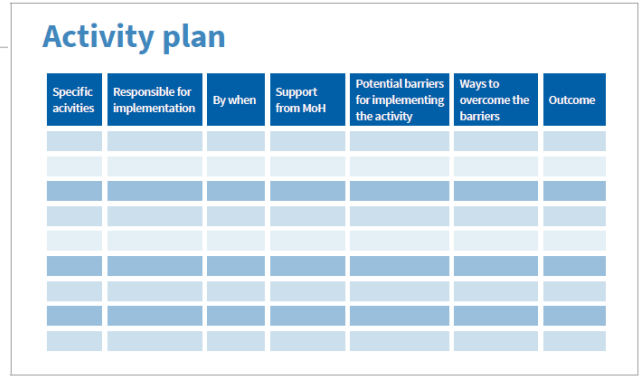
WASH and NTD Stakeholders Meeting Agenda

Date

Time	Session	Presenter/Facilitator
ARRIVAL & REGISTRATION		
5 minutes	**Opening Remarks** a. Objectives b. Background	Host
10 minutes	**Official Opening: NTDs and link with WASH and other sectors**	National NTDs Coordinator, MoH/ senior WASH partner
45 minutes	**Stakeholder presentations on current programming priorities (WASH, Education, and Health Promotion)**	WHO or UNICEF person if possible Representative from Education and Health Promotion
30 minutes	**Group discussion to list opportunities and activities**	Facilitator
COFFEE BREAK		
60 minutes	Continued **Group discussion to list opportunities and activities**	Facilitator
45 minutes	**Key action points and next steps (including future meetings)**	Facilitator/ host
15 minutes	**Closing remarks**	NTD coordinator/ senior WASH partner
LUNCH/end of day (depending on whether meeting starts in the morning or after lunch)		





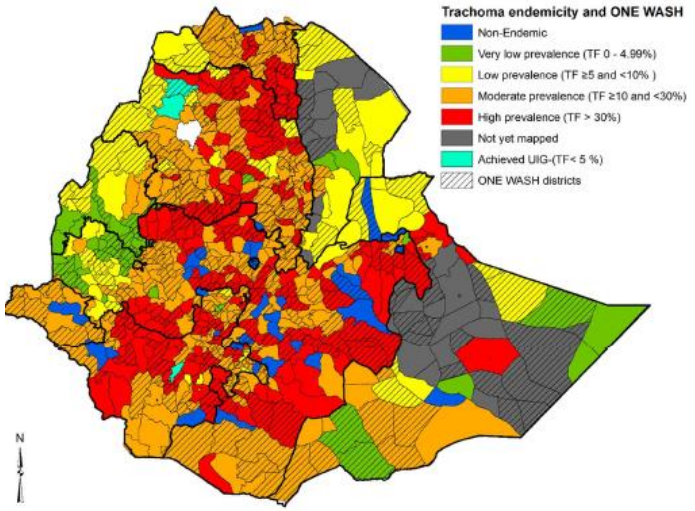


3 Analysing the situation

- Justification
- Key steps for conducting a joint situation analysis for planning

Tools:

- *Situation analysis protocol*
- *Terms of reference for SA team*
- *SA Executive Summary template*
- *SA presentation template*
- *WASH NTDs partner form*



Situation analysis executive summary template

Purpose

Outline the purpose/objectives for the situation analysis (e.g. to support the development of an integrated/coordinated disease control programme)

Methods

- Describe the methods used for the analysis, such as document reviews, consultation workshops, interviews and field visits
- Outline the constituencies of stakeholders involved in the analysis (government, NGO, specific sectors etc.)
- Outline the key areas and topics of investigation
- Set out how the findings will be used

Key findings

- Data: Demographic, disease and WASH information
- Current challenges for WASH-NTDs integration and collaboration: Who are the primary and key implementation actors? What are the key coordination overlaps, synergies and gaps? Based on the available mapping exercises, where are the priority intervention areas?
- Behaviour change tools and approaches, Media channels, Advocacy
- Are there aspects on which information/formative research is still required?
- Key issues underpinning disease prevalence and programming in the country:

Theme	Key problem/challenge to address
Behaviour	(e.g. poor hygiene practices – lack of handwashing with soap, lack of face washing, lack of shoe wearing)
Environment	(e.g. Lack of access to and use of toilets; Vector breeding near/in poorly managed water sources; Poor maintenance of sanitation facilities)
Social inclusion	(e.g. Stigma-related exclusion from water sources (e.g. for people affected by certain NTDs))
Treatment and care	(e.g. lack of reliable water supply in healthcare facilities providing surgical interventions; lack of water for self-care)

Key opportunities

- Technical/programmatic (e.g. features of existing or planned programmes that enable integration/coordination; opportunities for new approaches and innovation)
- Financial (opportunities to increase domestic or external funding, improve financial management, any health or WASH system strengthening initiatives for improving absorptive capacity and spending)
- Coordination (forthcoming policy or strategy reviews, new coordination initiatives, existing coordination structures that can be further strengthened or utilised)

Recommendations

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....
7. .....

4 Planning & Programme Design

- Practical planning steps
- Important tips for adaptive action planning
- Financial arrangements for a successful intersectoral programme
- What does ‘WASH funding’ mean?

Tools:

- *Planning tool*
- *Agenda for planning workshop*
- *Problem analysis approaches*
- *Planning for Elimination: getting NTD programmes across the finish line*
- *Budget items and checklist*
- *Improving coordination in low-resource settings*

Planning tool: developing comprehensive and adaptive NTD programmes

BEFORE A PLANNING WORKSHOP IS ORGANISED

1. **Gather:**

The purpose of this step is to use the information gathered so far to set out a clear idea of the problems the programme needs to address, and which institutions and individuals to involve in order to develop a successful plan of action.

IN THE PLANNING WORKSHOP

2. **Synthesise:**

   This phase focuses on creating a shared understanding of the key problems/issues the joint programme will be designed to address, and how existing programmes and interventions relate (or not) to the problems.

3. **Align** (with the defined priorities):

   The purpose of this step is to identify what can be done practically, by whom and when, making sure all actions are realistic and achievable, and to identify which aspects are not currently being addressed through existing interventions. The purpose of this exercise is not to criticise existing activities but to make strategic choices on what will work best to achieve the shared vision. Participants may feel defensive if they feel their work is being criticised. They should be encouraged to reflect on lessons from implementation and be willing to adapt interventions to benefit the goal – as it may just be the case that the interventions are either not relevant to the NTD programme, or that they should be adapted in a way that improves their impact for the joint programme.

4. **Act:**

   In this step, you will jointly prioritise interventions, and take the necessary actions based on the results of the previous step.

5. **Verify:**

   This crucial step involves agreeing the key interventions that will be taken forward, in the form of a one-year plan.

AFTER THE WORKSHOP

6. **Revisit and realign**

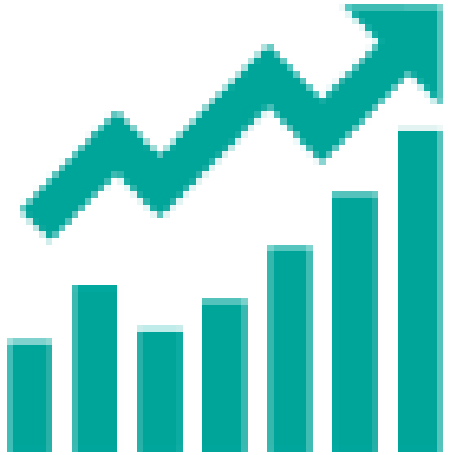
   This step is an important aspect of adaptive planning, as set out in Step 4 of the toolkit. as it allows to review progress within a relatively short timeframe during implementation to identify challenges and make necessary adjustments to the plan.

5 Implement, monitor & evaluate, adapt

- Key components of implementation, monitoring and evaluation
- Getting your M&E framework right

Tools:

- *Routine supervision form*
- *Programme dashboard template*
- *Gantt chart template*
- *Programme risk analysis template*
- *Template logframe & indicator menu*
- *Definitions & checklist for logframe development*



WASH NTD Logframe template

OBJECTIVES	INDICATORS	MILESTONES Baseline	Milestone 1	Milestone 2	Endline	MEANS OF VERIFICATION	ASSUMPTIONS
GOAL (IMPACT)							
		Sources					
Process outcomes							
Outcome PX							
Output px.1							
Output px.2							
		Sources					
Community Outcomes [Water]							
Outcome WX							
Output wx.1							
Output wx.2							
		Sources					
School Outcomes [Water]							
Outcome WX							
Output wx.1							
Output wx.2							
		Sources					
Healthcare Facility Outcomes [Water]							
Outcome WX							
Output wx.1							
Output wx.2							
		Sources					
Community Outcomes [Sanitation]							
Outcome SX							
Output sx.1							
Output sx.2							
		Sources					
School Outcomes [Sanitation]							
Outcome SX							
Output sx.1							
Output sx.2							
		Sources					
Healthcare Facility Outcomes [Sanitation]							
Outcome SX							

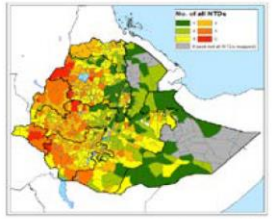
Programme dashboard template

COUNTRY: .....

NTDs context

[Insert key information on NTDs in your country. If available, insert maps showing disease prevalence and/or co-endemicity as in the example below from Ethiopia]

Disease	# endemic districts/ % prevalence	Population at risk
STH		
Schistosomiasis		
LF		
…		
…		
…		
…		



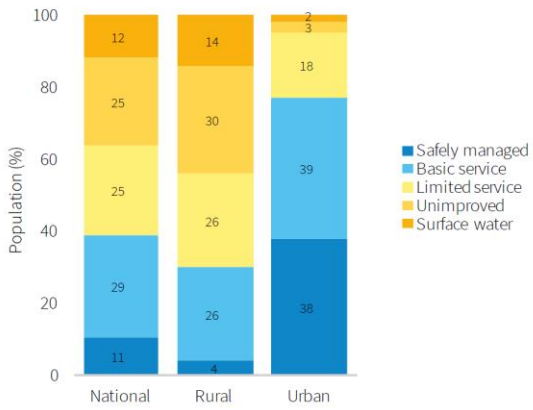
Map credit: Ethiopia Federal Ministry of Health – Neglected Tropical Diseases Section, and Hygiene and Environmental Health Section.

Other figures:
NTD-related disability
Number of cases of other NTDs of interest

Transmission/ implementation context

[Insert key information on determinants and broader impact of NTDs, such as access to water and sanitation services or trends in access, undernutrition trends, poverty indices etc]

Access to drinking water



http://apps.who.int/wash-health-toolkit/

It can be done!

- Trachoma:
  - Urgency towards 2020
  - SAFE strategy
  - Programmes implementing and reporting on ‘full SAFE’
  - WASH implementers part of the delivery mechanism
  - Movement towards true partnership to sustain low levels of endemicity
  - Progress remains uneven and uncertain – pressure must be sustained

What does this mean for schistosomiasis control & elimination in the African context?

How can information be better-used for decision making and planning?

→ **A potential approach for SCI and partners**

Why we need a SCH-specific WASH approach

- WASH known as crucial to prevention, control and eventual elimination of schistosomiasis, **but**:
  - *which interventions are required to achieve the necessary levels of access to infrastructure?*
  - *What are the most effective behaviour change approaches?*
- Challenges:
  - complex epidemiological profile and transmission cycle of schistosomiasis
  - highly focal nature of disease distribution
  - variation in transmission contexts for various schistosome species (and hybrids)

→ A 'blueprint' WASH approach that does not respond to the specific local context is unlikely to result in uptake and use of infrastructure and in sufficient shifts in behavioural practices, and consequently unlikely to deliver and sustain results in disease reduction.

What is needed

- A viable intervention ‘package’ for schistosomiasis control and elimination:
  - **Context-relevant interventions** to inform programme design, collaboration across sectors, and policy.
  - **Identify common objectives** with other disease control and public health programmes and entry points for collaboration, coordination and integration.

Approach components and considerations

- Community/setting '**type**': ***What are the main characteristics of this specific transmission context that impact the transmission of schistosomiasis?***
  - type of community (size, rural vs urban, temporary vs permanent),
  - the dominant schistosome species,
  - the environmental and ecological context,
  - socio-economic conditions (social composition, family structures, economic activity relevant to schistosomiasis, housing and infrastructure, income level) and
  - other infectious diseases linked with similar environmental and social conditions that are likely to be present in this context.

- Behavioural context:
  - **Exposing behaviour** (exposing oneself (or one's child) through contact with contaminated water)
  - **Transmitting behaviour** (excreting into the environment/water leading to risk of transmission to others).

Process for determining the intervention package

Water supply technologies/systems	Sanitation systems and technologies	Behaviour change approach:
• Levels of access incl. functionality & use • Use types: drinking, domestic, productive, recreation • Sustainability: availability of technology & parts, ability to deliver cost effective, long-term services • User preferences • Location/convenience and yield of potential groundwater • Demand from local resellers and local water and sanitation agencies • Current water treatment strategies • Water source management structures at the community and district level	• Entire sanitation service chain – toilet-containment-transportation-treatment/end use • Physical factors: population density, risk to groundwater used for drinking, water availability, soil hardness (re excavation), soil permeability, land availability • Enabling factors: HR & Financial capacity for infrastructure and O&M • Social factors: end use requirements, cultural preferences, ability/willingness to pay for initial hardware, possible level of service, legal • National sanitation technology standards • Treatment performance	• Behaviour context: Livelihoods, Culture, preferences, ability/ willingness to pay, gender, age • Applicability context: programme entry point, suitability, barriers to behaviour change • Existing behaviour change interventions at the community, school or population level • Availability of formative information or ability to obtain it (for use in the design of behaviour change interventions)

Caveats

- A blunt instrument, allowing programme planners/advisers and policy influencers a greater degree of accuracy in the programme development stage. Detailed programme design, budgeting and implementation must still be based on a robust location-specific needs assessment and feasibility study.
- Some population groups may alternate regularly between setting ‘types’. For example, people usually residing in permanent rural or urban settings (#5) may move regularly between this setting and permanent fishing camps (#2) or undertake seasonal migration for grazing purposes (#4).
- The community/setting types encompass contexts in countries which SCI supports, and is therefore restricted to schistosomiasis-endemic contexts in Africa.
- Should be used to inform coordination with agencies and government departments who deliver WASH interventions, and assist joint planning processes with the objective to enhance the targeting of WASH services to endemic communities.

Setting ‘types’

1. Fishing (itinerant)
2. Fishing (permanent)
3. Irrigated agriculture
4. Nomadic
5. Static rural/peri-urban

Sample snapshot – 'Type' 1

1. Fishing (itinerant)

Species: M

Environmental setting: Lakes, large water bodies

Socio-economic aspects (ATP: ability to pay for HH sanitation; WTP: willingness to pay for HH sanitation)

- Temporary; No legal 'community' status or land ownership by community residents; Lack of community cohesion due to transient nature (can undermine community-led approaches)
- Poor housing, usually no toilets → open defecation likely
- Possible migrant pop. (e.g. DRC ↔ Uganda)
- Families may or may not be present
- School-aged children (SAC) may not be at school (i.e. missed by both treatment and health education)
- ATP/WTP: assumed low

Likely co-endemicity: Cholera, STH, Malaria, LF

Exposing behaviours: [behavioural targets]

- Entering water (in the shallows) for fishing/ domestic activities, or for use as toilet [fishermen, fishing households]
- Recreational swimming [children]

Transmitting behaviours: [behavioural targets]

- Anal cleansing in/nr surface water [All community members]
- Open defecation in/near water [All community members]
- Washing soiled clothing in surface water [All community members]

Drinking/domestic water supply:

- Increasing quality, functionality and capacity of existing systems
- Increasing access to additional infrastructure for bathing and laundry
- Encouraging water vendors who source water from cercariae-contaminated water bodies to treat the water before distribution in containers
- Technologies:
  - Low-cost/high yield: spring protection, hand dug protected well
  - Medium cost/yield: protected hand-dug well, tube well, borehole + hand pump

Other: Jetty construction into the water (if there's no vegetation inside the lake and if no deep water snails are present); Vegetation clearing from shores/banks

Sanitation

Subsidised technology:

- Container-based sanitation (subscription service) If the emptying can become a business for re-use in agriculture
- Raised EcoSan – dependent on market for excreta/urine (suitable for rocky soil)
  - Must be subsidised
  - Linked with business model
  - Accompanied by BC for management
- Public facilities with affordable fees (with offsite treatment or onsite treatment such as a basic septic tank with a leachpit for evaporation and infiltration.)

Behaviour change

Exposing:

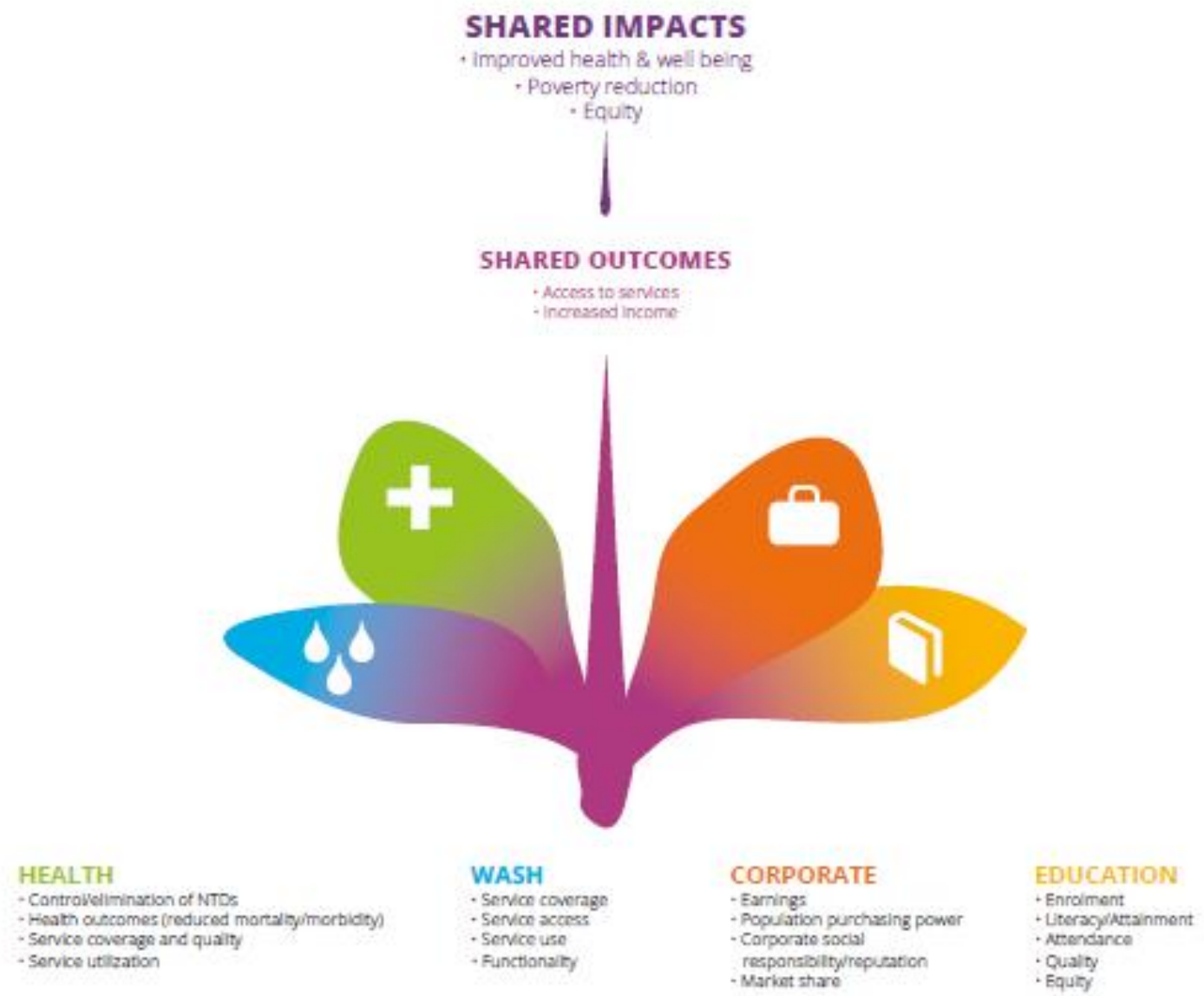
- Water storage and/or treatment to allow for die-off
- Recreation: Identification of a designated (relatively) safer swimming area within the same lake/river, or alternative area
- Consider promotion of soap/endod for bathing
- Promotion of PPE for fishermen

Transmitting:

- Mobilisation and promotion activities to encourage uptake of toilets, bathing and laundry facilities.

Next steps

→ Embed as part of our offer to Ministries of Health – help to facilitate local-level, ‘sensible’ planning processes



Discussion

Thank you for listening!

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